



Arizona Historical Society
2018 Certification, Review and Verification Form



Name of Organization _____

Mailing Address _____

Physical Address _____

Phone _____ Email _____

Contact Person _____

Phone and Email if different than above _____

Date of Incorporation _____ IRS Status Code _____

Mission Statement Yes ___ No ___

Date Adopted _____

If new/revised provide date _____

Attach a copy of current mission statement.

Not-for-Profit Status Current Yes ___ No ___

By-laws Current Yes ___ No ___

Governing Body Yes ___ No ___

Elections Held Yes ___ No ___ How often _____

Business Meetings Held Yes ___ No ___ How often _____

Membership Yes ___ No ___

Dues Yes ___ No ___

Provide membership levels _____

Volunteers Yes ___ No ___

Approximate hours/year volunteer contribution _____

Collecting Institution Yes ___ No ___ Approximate % relating to Arizona history _____

Objects Yes ___ No ___ Archives Yes ___ No ___ Photographs Yes ___ No ___

Other _____

Public Programs Yes ___ No ___ Type _____

Educational Programs Yes ___ No ___

Encourage Research Yes ___ No ___

Exhibits Yes ___ No ___ Approximate sq. ft. of exhibit space _____

Open to public a minimum of 208 Hours/Year Yes ___ No ___

List regularly scheduled hours _____

List regularly scheduled closings _____

Significant changes from previous year Yes ___ No ___ If so, please comment:

I hereby affirm that the above information is correct.

Name President or Director (print) _____

Signature _____

Date _____

Return completed form to:

*Valerie Shanahan
Arizona Historical Society
949 E. 2nd St.
Tucson, AZ 85719-4898
vshanahan@azhs.gov*